2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000101704

1. Entity Name

KING EXPRESS, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90268 037 ***150.00



			A SOUTH THE				
Principal Place of Business 2225 OAK RIDGE ROAD ORLANDO FL 32839 2. Principal Place of Business		Mailing Address 2225 OAK RIDGE ROAD ORLANDO FL 32839 3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3681896	No	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Add Fee Required		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Regis	stered Agent		
	المستقادي وعصوصي		Name	، السبي بالمحادر ولياد متيان مستقيلية الأستين المتارك والمتها ويتباد البيانة 			
LY, NHON	RIDGE ROAD		Street Address	s (P.O. Box Number is Not Acceptable)			
ORLANDO				<u></u>			
\			City		FL Zip Code	е	
		- t- the surpose of changi	no its registered office of regis	tered agent, or both, in the State of Florida	a. I am familiar with,	and accept	
8. The above the obligation	named entity submits this statement ons of registered agent.	All for the burbose of changi	ing its regionates simple of region				
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registered Agent signature requ	ired when reinstating)	DATE		
Fi After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550	.00		9. Election Campaign Finance Trust Fund Contribution.		00 May Be d to Fees	
Make Check	Payable to Florida Departmen		11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
10.		AND DIRECTORS Delete		ADDITIONS, CLASSES	☐ Change	☐ Addition	
TITLE	D Ly, nhon	T Delete	NAME				
NAME STREET ADDRESS	4620 SALVIA DRIVE		STREET ADDRESS	•		ì	
CITY-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP				
TITLE	D	Delete	TITLE		☐ Change	☐ Addition	
NAME	SON, VINH		NAME				
STREET ADDRESS	4620 SALVIA DRIVE	₩	STREET ADDRESS	•			
CITY-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP		Change	Addition	
TITLE		☐ Delete	TITLE NAME		critings		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
		☐ Deleti	TITLE		☐ Change	☐ Addition	
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NAME STREET ADDRESS			STREET ADDRESS				
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CITY-ST-ZIP			CITY-ST-ZIP		. Change	Addition	
TITLE		Delet					
NAME			NAME STREET ADDRESS				
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP	<u>L </u>	1 10 0 2 00 1 1		n Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the	information	
I do I bearaber	portify that the information europlic	ed with this tilling does not au	iality for the exemption stated i	ii decilori i ralorgojoj, riorida olialatos. rii	1). Al 1	or or director	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #